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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/724,685			ing Date 28/2000	To be Mailed	
	Al	D – PART I		SMALL	ENTITY 🛛	OTHER THAN OR SMALL ENTITY							
Н	FOR		JMBER FIL		NUMBER E	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f),	or (m))	N/A		N/A		1	N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		Ш	N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		mir	ninus 20 = *			П	x \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	m	minus 3 = *			1	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction to 35 U.S.C. 41(a)(1)(G) and 37 CF			fee due ch of. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	11/19/2010	CLAIMS REMAINING AFTER AMENDMENT	EMAINING FTER			ESENT XTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 36	Minus	36	= 0		П	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	* 8	Minus	···12	= 0		l	X \$110 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))						1						
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						$\ $			OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PR LY E	ESENT XTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16(1))		Minus	**	-		H	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=		l	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))						l						
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
										OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  "If the "Highest Number Previously Paid For 'IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For 'IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.													

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